

North Dakota

[Title II](#) | [ADAP](#) | [AETC](#)

State CARE Act Program Profile

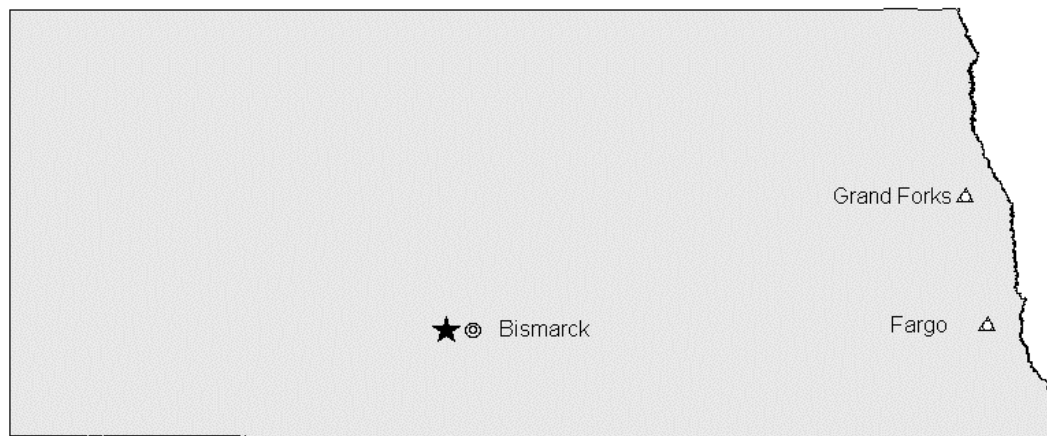
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$107,243	\$124,390	\$145,189	\$376,822
ADAP	(\$7,243)	(\$24,390)	(\$45,189)	(\$76,822)
Title III	\$0	\$0	\$0	\$0
Title IV	\$0	\$0	\$0	\$0
SPNS	\$0	\$0	\$0	\$0
AETC	\$41,807	\$31,146	\$41,807	\$114,760
Dental	\$0	\$0	\$0	\$0
Total	\$149,050	\$155,536	\$186,996	\$491,582

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	0	0	0
Title III	0	0	0
Title IV	0	0	0
SPNS	0	0	0
AETC (grantee or subcontractor)	2	2	2
Dental	0	0	0

Location of FY 1998 CARE Act Grantees and Title II Consortia

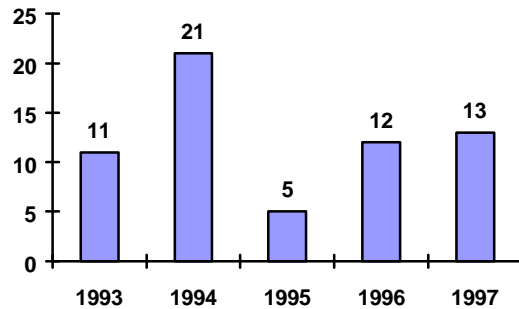


LEGEND

- Title I Grantees (0)
- ⊙ Title II Consortia (1)
- ★ Title III Grantees (0)
- ▣ Title IV Grantees (0)
- ▲ SPNS Grantees (0)
- △ AETC Grantees (2)
- Dental Program (0)

HIV/AIDS Epidemic in the State: North Dakota (Pop. 640,883)

- ▶ Persons reported to be living with AIDS through 1997: 36
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 55
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated January 1988)
- ▶ State AIDS Cases (cumulative) since 1993: 62 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	85%	78%
Women (13 years and up):	15%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	0%	1%
20+ years old :	100%	98%

	State-Specific Data	National Data
White:	54%	33%
African American:	15%	45%
Hispanic:	0%	21%
Asian/Pacific Islander:	8%	<1%
Native American/Alaskan Native:	23%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	38%	35%
Injecting drug user (IDU):	0%	24%
Men who have sex with men and inject drugs (MSM/IDU):	0%	4%
Heterosexual contact:	23%	13%
Other, unknown or not reported:	38%	24%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	158.4	194.5
Gonorrhea (1996)	5.8	124.0
Syphilis (1996)	0	4.3
TB (1997)	1.9	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Gaps:** qualified physicians; dental, pharmacy, hospice, and home health care services; medications and alternative therapies; and support groups

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	62% FPL
Pregnant Women	133% FPL
Medically Needy	47% FPL

*Income eligibility for State's ADAP program is 150% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	No

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title II: North Dakota

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$107,243	\$124,390	\$145,189	\$376,822
ADAP (included in Title II grant)	(\$7,243)	(\$24,390)	(\$45,189)	(\$76,822)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$45,189/31%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$45,189)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$88,850/61%
Health Care*	(\$21,189)
ADAP/Treatment	(\$43,661)
Case Management	(\$14,000)
Support Services**	(\$10,000)
Administration, Planning and Evaluation (Total State/Consortia)	\$11,150/8%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 1

Consortium Name	Service Area	Title II Funding, FY 1997
North Dakota Dept. of Health, Public Health Units	Statewide	\$94,390

Accomplishments

Clients Served (duplicated count), FY 1996:	20
Men:	100%
Women:	0%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%
White:	100%
African American:	0%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Men who have sex with men (MSM):	56%
Injecting drug user (IDU):	6%
Men who have sex with men and inject drugs (MSM/IDU):	11%
Heterosexual contact:	28%
Other, unknown or not reported:	0%

► Improved Patient Access

- From April 1995 to December 1997, 217 cases of HIV infection were reported to the State, of whom 90 (40%) are known to be deceased, and 45 (20%) are reported to have relocated. Of the 82 remaining and known PLWH, 26 (32%) were active clients as of December 1997, compared to 10 in 1995, an increase of 260%.

- Between December 1997 and June 1998, the number of ADAP clients increased from 20 to 30, a 50% increase. The demographic characteristics of clients are very similar to the demographics of reported AIDS cases. For example, of all HIV/AIDS cases reported, nearly 10% are Native Americans, compared with 12% of ADAP clients.
- During 1997, four protease inhibitors were added to the ADAP formulary, for a total of 50 drugs on the formulary in 1998.

▶ **Cost Savings**

- During FY1998, the ADAP adjusted the pharmacy claim reimbursement rate to coincide with the Medicaid reimbursement rate as a price cap.
- In addition, since 1997 the ADAP has negotiated voluntary manufacturers' rebates with pharmaceutical manufacturers for significant savings.

▶ **Other Accomplishments**

- Through close collaboration between the HIV/STD prevention and Title II programs, all persons, confirmed to be HIV-infected by the State's field epidemiologist, who are uninsured or need assistance in obtaining or paying for HIV/AIDS primary medical care and treatment, are referred to a Title II-funded case manager. For those who do not immediately become Title II clients, biannual follow-up continues to reassess their status and potential service needs.
- A medical ad hoc committee advises the ADAP and comprises two infectious disease physicians who represent the needs of their clients. The State also periodically convenes a meeting of representatives of PLWH, providers, and public agency representatives for the purpose of developing a statewide coordinated statement of need, and each year conducts well-advertised public hearings.

AIDS Drug Assistance Program (ADAP): North Dakota

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$62,243	\$24,390	\$45,189	\$131,822
State Funds	\$0	\$0	\$0	\$0
Total	\$62,243	\$24,390	\$45,189	\$131,822

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 59 drugs, 4 protease inhibitors, 9 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: Sliding scale
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	31
Number using ADAP each month:	17

Client Profile, FY 1996

Men:	100%
Women:	0%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%
White:	100%
African American:	0%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

AIDS Education and Training Centers: North Dakota

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Mountain Plains Regional AETC
- ▶ States Served: Colorado, Kansas, Nebraska, New Mexico, North Dakota, South Dakota, Utah and Wyoming
- ▶ Primary Grantee: University of Colorado, Denver, CO
- ▶ Subcontractors in State: Fargo Veteran's Administration Hospital - Fargo
Univ. of ND, School of Medicine & Health Sciences - Grand Forks

Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$41,807	\$31,146	\$41,807	\$114,760

Training Highlights from FY 1997

- The AETC conducted the following training: HIV Prevention, Early Intervention and Health Promotion for Rural Health Care Providers; Prevention of Perinatal Transmission of HIV; HIV/AIDS: Providing Care in the Age of HAART; Antiretroviral Resistance: Implications for Long Term Strategies; Managing Occupational Exposure to HIV in the Healthcare Setting; Pain Management in HIV Disease; and HIV in Prison Populations.
- The Colorado performance site co-sponsors the annual, two-day Rocky Mountain Regional Conference on HIV Disease and a one-day Prevention Institute (held in conjunction with the regional conference). The conference reaches between 500-700 providers and consumers.
- The AETC offers three medically focused and one dental-focused three-day clinical training programs in Denver. The programs attract providers from the entire eight-state region.
- Over 2,000 copies of an on-line and printed self-instruction module, "HIV Prevention, Early Intervention and Health Promotion: A Self-Study Module for Rural Health Care Providers" have been distributed. The AETC reports that providers have been completing the on-line module. CEUs and CMEs are offered.

- The AETC produced “HIV: A Sourcebook for the Primary Care Provider.” The sourcebook has a core section and then is individualized to include resource information for each of the eight states served by the AETC.
- “AIDS Newslink,” the Mountain Plains AETC newsletter, is sent to over 10,000 providers in the region three times a year. Past issues have addressed women’s issues and adherence.